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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 08/916,464 08/08/1997 PAT 6,173,381
 which is a CIP of 08/463,106 06/05/1995 ABN
 which is a CIP of 08/340,667 11/16/1994 PAT 6,002,411

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 02/17/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no			
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance			
Verified and Acknowledged	Examiner's Signature Initials			
	STATE OR COUNTRY TX	SHEETS DRAWING 35	TOTAL CLAIMS 122	INDEPENDENT CLAIMS 17

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TITLE

SELECTIVE LOSSLESS, LOSSY, OR NO COMPRESSION OF DATA BASED ON ADDRESS RANGE, DATA TYPE, AND/OR REQUESTING AGENT

FILING FEE RECEIVED 1844	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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